

FILED NOV 23 1942

318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9569

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6301 Famous Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6301 Famous Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME ANNA MABEL MAHEN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13<sup>th</sup>  
year 1942 hour 2:45 minute..... P. M.

4. Sex Female 5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 30 1898.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/12 1942 to 11/13 1942  
that I last saw h. cr. alive on 11/13/42, 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44 5 13 ..hr. ....min.

Immediate cause of death.....  
Cerebral Hemorrhage 1 day (hypertension)

Due to.....  
hypertension

Due to.....  
Hemiplegia left

Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo., 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business.....

MOTHER FATHER { 12. Name Jos. C. Mahen,

{ 13. Birthplace St. Louis, Mo., 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Josephine Orth

{ 15. Birthplace Des Peres, Mo. 0  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Josephine Mahen

(b) Address 6301 Famous--St. L. Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

17. (a) Burial (b) Date thereof 11/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bethel Cemetery

While at work?..... (Specify type of place)

(e) Means of injury.....

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address Kirkwood, Mo.

23. Signature W.H. Steiman M.D. (M.D. or other)  
Address 5428 E. Magnolia Date signed 11/13/42

19. (a) NOV 17 1942 (b) J. Bredack  
(Date received from registrar) (Registrar's signature)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John M Meyer*

Licensed Embalmer No.....

*3788*

P. O. Address.....

*Kirkwood, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**